

GENERAL CHECKLIST FOR DIETETIC LICENSURE APPLICANTS

** Questions? Call (208) 327-7000, extension 229, or e-mail jodi.adcock@bom.idaho.gov**

Fee must accompany application. **APPLICATION WILL NOT BE PROCESSED UNLESS ACCOMPANIED BY THE APPROPRIATE FEE.** See your application summary regarding the amount to be sent with your application. Checks or money orders are to be made payable to the Idaho State Board of Medicine.

Applications must be on forms provided by the Board and all sections must be complete. Please type or print in ink. Applications must be legible.

Front page of application: If applicant has not applied for registration/licensure in other states, write “Not Applicable” in the appropriate section.

Back page of application:

Chronological account of time – Account for **all** periods of time beginning with the month of graduation to the present time, leaving **no gap** in time of **more than one month**. Attach additional pages if necessary.

Questions – Answer all questions 1-7 or 1-8. Provide details, if necessary, on a separate sheet. Court documents may be required.

Photo(s) – Does not need to be a professional photo, but no instant photos, and no Polaroid photos. A **clear and in focus** 3”x4” snapshot taken of the head and shoulders only, with a 35mm camera, is a good choice. **Clear and in focus** digital camera photos are acceptable as long as they are printed on photo quality paper. A signature on the front of the photo is **required**.

Notarized – Application must be notarized and signed in the appropriate place.

Certificate of Professional Education: Fill in the top section. Be sure to indicate the degree **and** the field of study, the date degree was received, and sign **at the bottom** of the section. Send this form to the school (Registrar, Dean, or Program Director) where applicant received professional education. The school will then send the form to the Board of Medicine.

Certificate of Dietetic Internship/Pre-Professional Program: Fill in the top section. Be sure to indicate the dates of attendance **and** sign **at the bottom** of the top section. Send this form to the school/hospital (Program/Internship Director) where applicant completed program/internship. The form will then be sent by the school/hospital to the Board of Medicine.

Certificates of Recommendation: This form may be duplicated. Fill in the top section. Send this form to **two** individuals who have known the applicant professionally for at least **one** year (**no relatives**). Recommendations must be on the form provided or on letterhead addressed to the Board. Names and addresses must be legible.

Verification of Licensure/Registration: This form may be duplicated. This is required from **every state** where the applicant has ever held a license/registration and must come directly from the state to the Board. **NOTE:** Most states require a fee for this service, paid in advance. It is strongly suggested that you contact the state(s) prior to sending your request to prevent delays and to determine the best way to send required fees.

FAXED supporting documents can be accepted, but the hard copy is required as well. The applicant’s section of the application **cannot** be faxed. FAX# (208) 327-7005.

PLEASE NOTE: Forms received prior to receipt of application and licensure fee will be held in a “Misc. Forms” file for up to one year. After one year, the forms will be thrown away.

No practice is permitted prior to issuance of a license number.

Applicants are advised not to enter irrevocable contracts, purchase or sales agreements, on the assumption that licensure will be granted.